Last Revised 3/27/03 1 of 1

SHARP Statewide Security Request Form

User ID:	Security	Action Requested (check one):	New User ☐ Remove ☐
Agency Number:	Agency Name:		
Employee Name:	(First)	(Mid)	(Last)
Work Address:	(1 1133)	(mid)	(Eddi)
Area Code/Work Phone:	1	Email Address:	
		Employee ID:	
departmental security, usi Access to statewide data v <u>Action History</u> report unde	ng their normal SHARP sign-owill be limited to the <u>Current Jer Administer Workforce (GBL</u>	on. <u>ob</u> menu item under <u>Administer Wo</u>	ed on certain pages due to PeopleSoft orkforce (GBL)>Use and the Employee Jok ential (K.S.A. 75-2949f) and User Ids must lity.
Agency Signoff:			Date:
Title:			Work Phone:
Email Address:			
DPS Signoff:			Date:
SHARP Signoff:			Date:

Excel forms may be completed, saved, and emailed as an attachment to:

kristine.scott@da.state.ks.us

Please send printed forms to:

Kristine Scott
Division of Personnel Services
LSOB, 900 S.W. Jackson St., Rm. 901-N
Topeka, KS 66612
Questions? (785) 296-2626